

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000090230

Entity Name: MY BROW DOCTOR LLC

Current Principal Place of Business:

8300 SW 8 ST
301
MIAMI, FL 33144

Current Mailing Address:

12095 SW 18 ST
3
MIAMI, FL 33175

FEI Number: 83-4368088

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUERTA, AMNERYS
12095 SW 18 ST
3
MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name CEPERO, EUDEL
Address 12095 SW 18 ST APT 3
City-State-Zip: MIAMI FL 33175

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUDEL CEPERO

06/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date